NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

End date of Business Relationship (Actual or Anticipated) if applicable:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

	Contract Con			
Reporting Information	FOR	OFFICE USE	ONLY	,
Year: 2014		0-11	July 15, 201	1
Fill in circle if amendment		xeca.	July 13, For	1
Il Client Information			医自2-3 -1-2-4-6-4-1-2-1-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	
Name: Greenberg Traurig, LLP				
Permanent Business Address: 54 State Street, 6th Floor				
City: Albany	State: NY		ZIP code: 12207	
Phone: 518-689-1400				
Instructions: Fill out this section only if the Relationship is with and fill out Section IV.	an Entity. If the Re	elationship is w	vith a State Person, skip this s	ection
Entity Name:				
Entity Address:				
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involvement in the Entity:				
Last name:	First name:			
State Person's Agency or Legislative Body of Employmen	t:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for additional State	Person(s) with th	ne Requisite	Involvement in the Entity:	\circ
Description of Business Relationship(s):				
Compensation (Actual or Anticipated):		.00		
Expenses (Actual or Anticipated): \$.00	reduced to a more than the common over the common and the common over the common of the common over the common	
Total Compensation and Expenses (Actual or Anticipated	d):	\$.00	
Beginning date of Business Relationship (Actual or Anticip	pated):	Month:	Year:	

Year:

dusine	ss Relationship with a	State Perso	on				
structions:	Fill out this section only if the R and fill out Section III.	elationship is wi	th a State Person	n. If the Relationsh	nip is with an Entity,	skip this section	
State Person Last Name: Clinton State Perso			son First Name: J	n First Name: John			
Agency or Le	egislative Body of Employmer	nt: NYS Senate					
Public Office	Address: State Capitol, Room 42	0					
City: Albany			State: NY		ZIP code: 1224	47	
Phone: 518-455-2200							
Description of	of Business Relationship(s):Add	itional lobbyist J	ane Preston rents	s apartment from N	Ar. Clinton		
Compensation	on (Actual or Anticipated):	\$0		.00			
Expenses (Ac	ctual or Anticipated):	\$ 53	35 p. month	.00			
Total Compe	ensation and Expenses (Actua	al or Anticipate	ed):	\$535	p. month	.00	
				Беспіппоненнянносецька		никоно стично пописия в в	
Beginning do	ate of Business Relationship (A	ctual or Antic	ipated):	Month: 03	Year: 2	2009	
End date of Business Relationship (Actual or Anticipated) if applicable:		: Month:	Month: Year:				
Chaok hara	if union and dometions about the			`			
Check here	f using addendum sheet for c	adaitional State	e Person(s):).			
V Declara	illon				and the graduate states		
	on must be signed by the Ch	ief Administrat	ive Officer If	the Chief Admin	istrative Officer t	for any	
reason, does	not sign, he/she must duly de	esignate anoth	ner person to si	gn this Declarat	ion.) (See instruc	tions.)	
l declare u correct, an	nder penalty of perjury d complete to the best	that the info of my know	ormation co ledge and b	ntained in thi	s report is true	,	
X SIGNATU	JRE:	2	DATE:	7/15/14			

FIRST Christopher

O Designee(Attach Letter)

PRINT NAME: LAST Cernik

Mark One: